## Request for Tax Clearance Certificate - Exempt Organizations

3555A

CORPORATION NAME				CALIFORNIA COI	RPORATION NUMBER
Date operations commenced in California:	Date operations ceased or will cease in California:		for w	Latest income period for which a California return has been filed:	
The Franchise Tax Board will is return has not been filed, one sof limitation.					
Please indicate the status of A	NY IRS activity:				
Has the IRS redetermined the corporation's income tax liability or issued a ruling as to federal income tax exemption for any prior years that you have not previously reported to us? ☐ Yes ☐ No			Is the IRS currently examining the corporation or has the corporation been notified of a pending examination?  □ Yes □ No If yes, please indicate the years involved:		
If yes, please furnish a copy of the Revenue Agent's Report.			Current Examination:  Pending Examination:		
Supplemental Information. For continued by another corporated NAME OF TRANSFEREE				on.	in California will be
			on of the Internal Revenue Code applicable to the Transfer of yer's Business or assets:		
If the Tax Clearance Certificate		eone ot	ner than the	corporation listed abo	
following: (A copy of the Tax C	learance Certificate will	be sent	to the Secr	etary of State.)	
following: (A copy of the Tax Control NAME	learance Certificate will	be sent	to the Secr	etary of State.)	
	learance Certificate will	be sen	to the Secr	etary of State.)	
NAME	learance Certificate will	be sen		HONE NUMBER ( )	

Mail completed form to:

DOCUMENT FILING SUPPORT UNIT SECRETARY OF STATE – BUSINESS FILINGS 1500 11TH STREET SACRAMENTO CA 95814

For more information concerning this form, telephone the Franchise Tax Board (916) 845-4171.

**Assistance for persons with disabilities:** We comply with provisions of the Americans with Disabilities Act. Persons with hearing or speech impairments, call: from voice phone (800) 735-2922, or from TTY/TDD (800) 822-6268.